

APPLICATION FOR EMPLOYMENT

Please Print	Social Security Number- For identification purposes only
Date _____	
Name Mr. _____ MS. _____ Mrs. _____ Last First Middle	
Address _____ Street, HCR Route Number City State Zip County	
Home Phone (_____) _____ Work Phone (_____) _____	
Are you lawfully authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been convicted of a crime, excluding misdemeanors or traffic offenses? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If yes, please attach a complete description. Conviction of a crime is not a disqualification for employment, all circumstances considered.</small>	
Minimum salary you are willing to accept \$_____ When can you begin work? _____	
Will you accept employment anywhere in Missouri? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, list counties preferred _____	
How did you learn of position(s)? Please list specific newspaper, school, personal contact, etc.	
<input type="checkbox"/> Newspaper/Magazine Ad _____	<input type="checkbox"/> Expo/Career Fair _____
<input type="checkbox"/> Internet site _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Personal Contact _____	<input type="checkbox"/> Civic Organization _____
<input type="checkbox"/> Religious Organization _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Job Announcement Number _____	<input type="checkbox"/> Walk in _____
Position(s) Applied For: Type of position Salaried/Term <input type="checkbox"/> Hourly <input type="checkbox"/> Seasonal/Summer <input type="checkbox"/>	
Please include Job Title, Job Announcement Number and Location	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____
Can you perform the essential functions of the position(s) for which you have applied, with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD

In the space furnished below give a record of every position held. START WITH YOUR PRESENT POSITION AND WORK BACK. Account for all periods of unemployment. Describe your duties and responsibilities in full detail. Include any military or volunteer service. Attach additional pages if needed.

Dates of Employment (Begin with most recent)	Employer's Name and Address	Position Held and Supervisor	Salary
Date Employed Date Separated Months Months Full Time Part Time	Employer Street Address City, State and Zip Code	Position Held Supervisor Phone Number.....	Starting Ending
Date Employed Date Separated Months Months Full Time Part Time	Employer Street Address City, State and Zip Code	Position Held Supervisor Phone Number.....	Starting Ending
Date Employed Date Separated Months Months Full Time Part Time	Employer Street Address City, State and Zip Code	Position Held Supervisor Phone Number.....	Starting Ending
Date Employed Date Separated Months Months Full Time Part Time	Employer Street Address City, State and Zip Code	Position Held Supervisor Phone Number.....	Starting Ending

May we contact your present employer? Yes ☐ No ☐ Note: We may contact previous employers.

List any other names you have been known by _____

Have you been discharged or involuntarily resigned from any position in the last five years? Yes ☐ No ☐
If yes, please give details on an extra sheet of paper.

What office equipment can you operate efficiently? Please list _____

Typing Speed _____WPM Date of last typing test _____

List software with which you are proficient _____

What heavy commercial, industrial or farm equipment can you operate proficiently? Please list _____

Operator's license number _____ State _____ Class _____ Expires _____

Do you have any relatives employed by the Missouri Department of Conservation? Please list them.

Name _____ Relationship _____

Name

Relationship

References (Do not list relatives)	Occupation	Address	Phone Number
1.			
2.			
Describe Your Duties in Detail (If supervisory experience, give number of employees supervised)			Reason For Leaving
<div></div>			<div></div>
<div></div>			<div></div>
<div></div>			<div></div>
<div></div>			<div></div>

High School, Trade, Business or Vocational School

CityStateField of Study

College and Universities - Undergraduate and Graduate					
Name and Location	Grade Average	Total Hours	Major	Degree Program	Graduation Date

Applications for professional positions must include college transcripts. Summarize credit hours below:

Fisheries Management

Wildlife Management

Biological Studies

Computer Science

Public Relations

Education

Journalism

Agriculture

Statistics

Accounting

___ Forestry Management

___ Environmental Education

___ Human Resources

___ Law Enforcement

___ Engineering

___ Interpretation

___ GIS

List other qualifications you posses which you want considered _____

PROBATIONARY PERIOD, RELEASE OF INFORMATION
AND CONDITIONS OF EMPLOYMENT

PROBATIONARY PERIOD: All Department of Conservation salaried and term employees serve a minimum of six months probationary period from the date of original employment. During this time they have to demonstrate their ability to effectively perform their outlined duties. If, during the probationary period, performance is not deemed to be satisfactory, or if the Performance Appraisal at the conclusion of the probationary period is unsatisfactory, employment may be terminated or the probationary period may be extended. Employment is secured only on the basis of qualifications for a given position. Employees are retained only on the basis of satisfactory performance of duties. Advancement is based on demonstrated ability and merit.

APPLICATION CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby certify that all the information made on or in connection with this application is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. I understand that if any of the statements made by me on this application are false or if a check with my former employers reveal that I would make an unsatisfactory employee, that will be sufficient grounds for rejection of my application or removal from employment. I hereby authorize my previous employer or any educational institutions I have attended to release to the Missouri Department of Conservation any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any representative of the Missouri Department of Conservation to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

CONDITIONS OF EMPLOYMENT: I agree to accept compensatory time off in lieu of cash overtime payment for overtime hours worked in accordance with the Department’s Compensatory Time Off and Paid Overtime policy.

Signature _____ Date _____

The Department of Conservation will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an Employment Eligibility Verification form and produce requested documentation at the time of employment. The Department is an Equal Opportunity Employer

(4/01, all previous application forms obsolete)